

OKLAHOMA WESTERN TELEPHONE COMPANY  
DbA OKLAHOMA WESTERN CELLULAR  
PO BOX 399  
CLAYTON, OKLAHOMA 74536

Received & Inspected

OCT 17 2013

FCC Mail Room

October 14, 2013

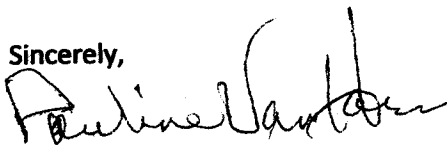
Mr. Charles Tyler  
Telecommunications Access Policy Division, Room 5-A452  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Washington, D.C. 20554

RE: CONFIDENTIAL FINANCIAL INFORMATION  
SUBJECT TO PROTECTIVE ORDER IN WC DOCKET  
NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET  
NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT  
DOCKET NO. 10-208, BEFORE THE FEDERAL  
COMMUNICATIONS COMMISSION

To Whom It May Concern:

Please find attached with this letter two copies of the redacted Form 481, with redacted attachments, filed on behalf of our company. All information in this filing is considered confidential and to be treated in accordance with the protective order issued by the FCC (DA 12-1857) related to the dockets listed above. An un-redacted copy, stamped confidential, has been sent to the Secretary's office. This information has also been filed with our state commission and electronically submitted, and certified, with the Universal Service Administration Company. If you have any questions or concerns with the attachments, please contact Charles Curtis at [Charles.curtis@contaegis.com](mailto:Charles.curtis@contaegis.com) or by phone at 252-514-2203.

Sincerely,



Pauline Van Horn

Cc: file

No. of Copies rec'd 0+1  
List ABCDE

REDACTED - FOR PUBLIC INSPECTION

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0085/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	439024
<015> Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Stephanie Curtis
<035> Contact Telephone Number: Number of the person identified in data line <030>	252-514-2203
<039> Contact Email Address: Email of the person identified in data line <030>	stephanie@contaeis.com

Received & Inspected

OCT 17 2013

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.322 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile	0.0		
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	0.0		
<450> Mobile	0.0		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		
<510> <input type="checkbox"/>	(attach descriptive document)		
<600> Functionality in Emergency Situations	(check to indicate certification)		
<610> <input type="checkbox"/>	(attach descriptive document)		
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010> <input type="checkbox"/>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		
<1110> <input type="checkbox"/>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

## (100) Service Quality Improvement Reporting Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

439024

<010> Study Area Code

<015> Study Area Name

<020> Program Year

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

<110> Has your company received its ETC certification from the FCC?

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Name of Attached Document (.pdf)


FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

439024

OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL

2014

Stephanie Curtis

Q0> 252-514-2203

30> stephanie@contaeigis.com

-- See attached worksheet --

Page 4

10/14/2013

FCC Form 481  
OMB Control No. 3050-0085/OMB Control No. 3050-0819  
July 2013

439024

**<010> Study Area Code**

OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL

<020>	Program Year
-------	--------------

2014

Stephanie Curtis

0330> Contact Name - Person ISAC should contact regarding this data

Case#	Contact Name	Contact Phone Number	Number of person identified in data file	Case#
0350				0351
0351				0352
0352				0353
0353				0354
0354				0355
0355				0356
0356				0357
0357				0358
0358				0359
0359				0360
0360				0361
0361				0362
0362				0363
0363				0364
0364				0365
0365				0366
0366				0367
0367				0368
0368				0369
0369				0370
0370				0371
0371				0372
0372				0373
0373				0374
0374				0375
0375				0376
0376				0377
0377				0378
0378				0379
0379				0380
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0381				0382
0382				0383
0383				0384
0384				0385
0385				0386
0386				0387
0387				0388
0388				0389
0389				0390
0390				0391
0391				0392
0392				0393
0393				0394
0394				0395
0395				0396
0396				0397
0397				0398
0398				0399
0399				0400

<b>&lt;03&gt;</b>	<b>Contact Telephone Number - Number of person identified in data file &lt;03&gt;</b>	<b>252-914-2203</b>
<b>&lt;03&gt;</b>	<b>Contact Email Address - Email Address of person identified in data file &lt;03&gt;</b>	<b>not available</b>
<b>&lt;03&gt;</b>	<b>Contact Email Address - Email Address of person identified in data file &lt;03&gt;</b>	<b>not available</b>

RO39>	Contact Email Address - Email Address or person identified in data line <U3U>	stephanleecontae@is.com

Residential Local Service Charge Effective Date

Single State-wide Residential Local Service Charge

1/1/2013

[illegible]

CC Form 281  
OMB Control No. 3060-0086/OMB Control No. 3080-0819  
July 2013

**(710) Broadband Price Offerings**  
**Data Collection Form**

<b>&lt;010&gt;</b>	<b>Study Area Code</b>
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01000001	01000001
01000002	01000002
01000003	01000003
01000004	01000004
01000005	01000005
01000006	01000006
01000007	01000007
01000008	01000008
01000009	01000009
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01000011	01000011
01000012	01000012
01000013	01000013
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01000090	01000090
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01000092	01000092
01000093	01000093
01000094	01000094
01000095	01000095
01000096	01000096
01000097	01000097
01000098	01000098
01000099	01000099

339024

<015>	Study Area Name
-------	-----------------

OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL

<020>	Program Year
-------	--------------

2014

<030>	Contact Name - Person USAC should contact regarding this data

Stephanie Curtis

<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203

252-514-2203

[illegible]

stephanie@contaeigis.com

[illegible]

FCC Form 481

OMB Control No. 3060-0926/OMB Control No. 3050-0819

July 2013

439024

**<010> Study Area Code**

<015>	Study Area Name
-------	-----------------

OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL

Program Year

2014

Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
---	------------------

Stephanie Curtis

252-514-2203

> 252-514-2203

Contact Email Address - Email Address of person identified in data line <030> [stephanie@contaeis.com](mailto:stephanie@contaeis.com)

> stephanie@contaeqis.com

Oklahoma Western Telephone Co. dba Oklahoma Western Cellular-CLEC

ma Western Cellular-CLEC

<811>	Holding Company
-------	-----------------

Holding Company

<812>	Operating Company
-------	-------------------

Operating Company

<813>



## Affiliates

22

**SAC**



pany

## Doing Business As Company or Brand Designation

~~See attached worksheet --~~

**(900) Tribal Lands Reporting  
Data Collection Form**

RCC Form 481

OMB Control No. 3050-0986/OMB Control No. 3050-0819  
July 2013

<010> Study Area Code 439024

<015> Study Area Name

OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

Stephanie Curtis

<035> Contact Telephone Number - Number of person identified in data line <030>

252-514-2203

<039> Contact Email Address - Email Address of person identified in data line <030>

stephanie@contaeigis.com

<910> Tribal Land(s) on which ETC Serves

Choctaw Nation of Oklahoma

<920> Tribal Government Engagement Obligation

Tribal

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes



(1100) Non-Terrestrial Backhaul Reporting  
Data Collection Form

FC Form 481  
OMB Control No. 3060-0086/OMB Control No. 3060-0819  
July 2013

439024

Study Area Code

Study Area Name

Program Year

Contact Name - Person USAC should contact regarding this data

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

<1120> ☐ Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> ☐ Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

**(1200) Terms and Condition for Lifeline Customers**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3050-0086/OMB Control No. 3060-0819  
 July 2013

439024

<010> Study Area Code

<015> Study Area Name

<020> Program Year

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

9-12-12 Lifeline Certification Form - Tribal

Name of attached document (.pdf)

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

FCC Form 481  
 OMB Control No. 3060-0066/OMB Control No. 3050-0019  
 July 2013

(2000) Price Cap Carrier Additional Documentation  
 Data Collection Form  
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

439024

<010> Study Area Code

<015> Study Area Name OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CI

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Stephanie Curtis

<035> Contact Telephone Number - Number of person identified in data line <030> 252-514-2203

<039> Contact Email Address - Email Address of person identified in data line <030> stephanie@contaeigis.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

<2012> 2013 Frozen Support Certification

<2013> 2014 Frozen Support Certification

<2014> 2015 Frozen Support Certification

<2015> 2016 and future Frozen Support Certification

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

<2016> Certification Support Used to Build Broadband

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

<2017> 3rd Year Broadband Service Certification

<2018> 5th Year Broadband Service Certification

<2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

439024	Study Area Code	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaeqis.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information	
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)
(3012) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3013) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3014) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		<input type="checkbox"/>
(3015) If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3025 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3016) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017) Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3018) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3019) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		<input type="checkbox"/>
(3020) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3021) Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3022) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3023) Attach the worksheet listing required information		<input type="checkbox"/>

**Certification - Reporting Carrier  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	439024
<015>	Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaegis.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	439024
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	439024
<015> Study Area Name	OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035> Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039> Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaegis.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR - CL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 439024	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: OKLAHOMA WESTERN TELEPHONE CO., DBA OKLAHOMA WESTERN CELLULAR	
Name of Authorized Agent or Employee of Agent: Pauline Van Horn	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: Pauline Van Horn	
Title or position of Authorized Agent or Employee of Agent: Chairperson	
Telephone number of Authorized Agent or Employee of Agent: 918-569-4111	
Study Area Code of Reporting Carrier: 439024	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

**10/14/2013**



# **REDACTED-FOR PUBLIC INSPECTION**

## **OKLAHOMA WESTERN TELEPHONE COMPANY**

P.O. Box 399  
Clayton, OK 74536

February 18, 2013

Federal Communications Commission  
ATTN: Mobility Fund Phase 1 Auction (Auction 901)  
445 12<sup>th</sup> Street, SW  
Washington, D.C. 20554

RE: FCC 901 Auction – Tribal Consultation

To Whom it May Concern:

In accordance with the requirements of the FCC 901 Auction, Oklahoma Western Telephone Company (OWTC) makes the following certification regarding Tribal Engagement.

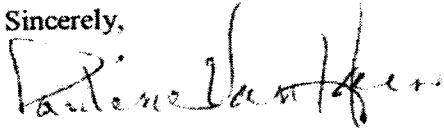
- OWTC has made all Tribal Engagements as required by the 901 auction and meets the requirements of 47 CFR 54.1004 subparagraph D-1 and D-3.
- More specifically, an initial consultation letter was issued to the Choctaw Nation of Oklahoma, by our agent, ACRS on October 8, 2012. In our efforts, we specifically requested input from the Choctaw Nation on the following topics:
  - needs assessment and deployment planning
  - feasibility and sustainability planning
  - culturally sensitive marketing
  - rights of way process
  - land use permitting
  - facilities siting
  - environmental and cultural preservation review process
  - compliance with tribal business and licensing requirements
- ACRS, acting as an authorized consultant of Oklahoma Western Telephone Company, has completed the initial Tribal Engagement on our behalf. A copy of which is attached herein.
- Follow up calls were also attempted with the Choctaw Nation with a conversation taking place between myself on behalf of Oklahoma Western Telephone Company and Mr. Gary Batton, the Assistant Chief of the Choctaw Nation. No concerns were expressed at that time but rather a congratulations and verbal support was received from Mr. Batton.

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- A copy of this new certification shall also be forwarded to the Choctaw Nation of Oklahoma.

Should you have any questions or wish to discuss this over the phone, please feel free to contact me at (918) 569-4111.

Sincerely,



Pauline Van Horn

Enclosures

JFL/jfl

cc:

FCC

Choctaw Nation of Oklahoma

ACRS



ACRS  
817 N.E. 63<sup>rd</sup> Street  
Oklahoma City, OK 73105

October 8, 2012

Chief Gregory Pyle  
Choctaw Nation of Oklahoma  
P.O. Box 1210  
Durant, OK 74702-1210

RE: FCC 901 Auction – Tribal Consultation

Dear Chief Pyle:

On behalf of our client, Oklahoma Western Telephone Company (OWTC), we are initiating this request for consultation with you and the Choctaw Nation as part of the requirements of the Federal Communications Commission. OWTC was the recipient of federal funds under the recent FCC 901 auction known as Phase 1 of the Mobility funding. The funding will allow OWTC to construct a mobile 3G or better wireless broadband network. The area awarded to OWTC is labeled by the FCC as an area containing tribal lands, specifically that of the Choctaw tribe.

As part of the consultation process, we are notifying the Choctaw Nation of our award and plans to construct the wireless broadband network and we are seeking input from the Tribe on the following topics:

- ❖ needs assessment and deployment planning
- ❖ feasibility and sustainability planning
- ❖ culturally sensitive marketing
- ❖ rights of way processes
- ❖ land use permitting
- ❖ facilities siting
- ❖ environmental and cultural preservation review processes
- ❖ compliance with Tribal business and licensing requirements

The attached map indicates the specific area where OWTC has received funding to deploy the broadband services and the specific areas where we are seeking tribal input on the topics above.



ACRS  
817 N.E. 63<sup>rd</sup> Street  
Oklahoma City, OK 73105

Should you have any questions or wish to discuss this over the phone, please feel free to contact me at the number below or on my mobile (405) 202-3060. We look forward to your reply and the opportunity to work with you and the entire Choctaw Nation.

Sincerely,

James Lightfoot  
President/CEO

Enclosures

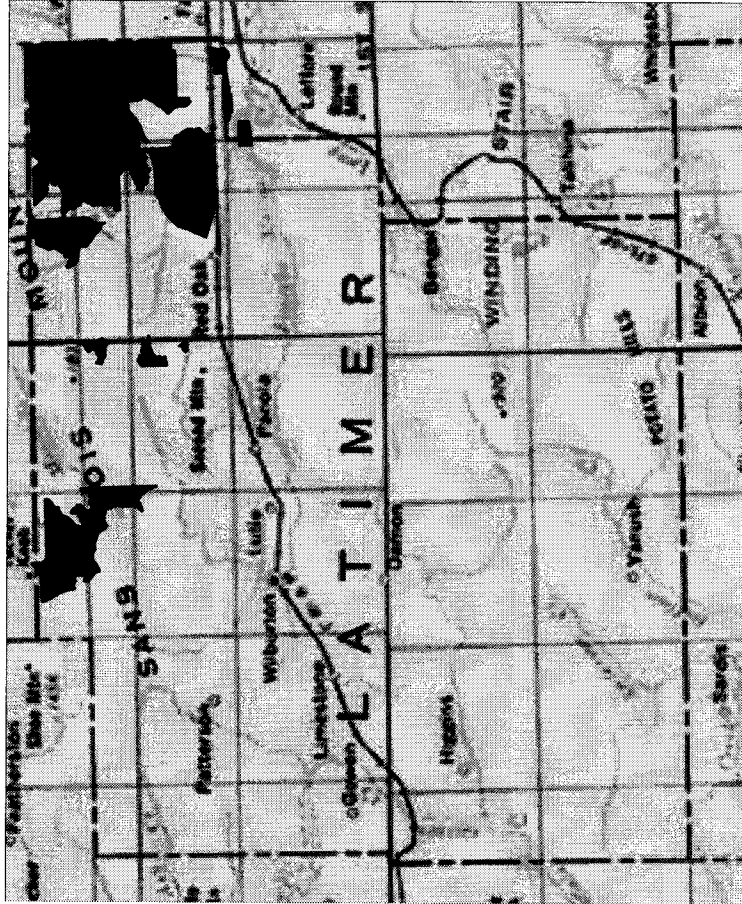
JFL/jfl

cc: Pauline Van Horn, OWTC  
File

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# PHASE ONE MOBILITY FUND - FCC 901 AUCTION

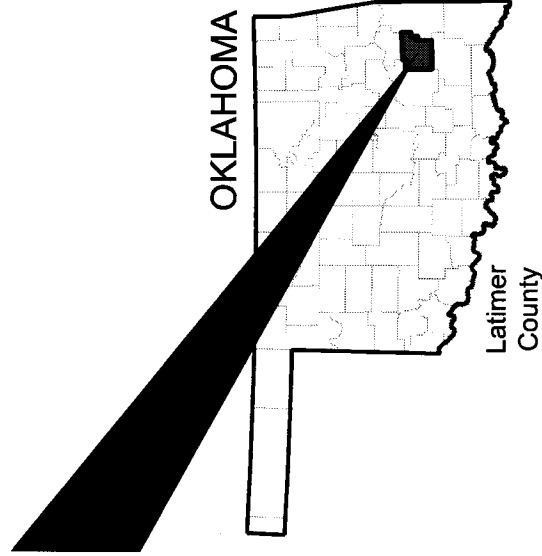
FCC ITEM # : T40077087100-5590



POPULATION : 241  
SQUARE MILES : 51.51  
ROAD MILES COVERED : 101.49

## LEGEND

 AUCTION BID AREA OBTAINED



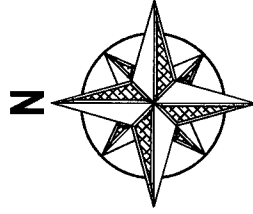
REV	DATE	DESCRIPTION	CAD	ENG
A	10-25-2012	DWG CREATION AS STATED	LC	TY

DRAWN BY:	LANCE CAMERON
CHECKED BY:	TERRY WRIGHT
APPROVED BY:	JAMES LIGHTFOOT
PREPARED BY:	

**ACRS**  
Telecommunications Engineers

817 NE 63rd Street  
Oklahoma City, Oklahoma 73105  
Phone (405) 843-9966  
www.acrsokc.com

ORIENTATION:



PREPARED FOR:

**OKLAHOMA  
WESTERN  
TELEPHONE  
COMPANY**

PROJECT:	FCC 901 AUCTION
PROJECT / FILE NO:	OK555-200
COMPANY ADDRESS:	103 CHOCTAW ST. CLAYTON, OK 74536
EXCHANGE:	
SCALE:	
SHEET:	1

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## OKLAHOMA WESTERN TELEPHONE COMPANY dba PHOENIX COMMUNICATIONS LIFELINE/LINKUP AMERICA ON TRIBAL LANDS PROGRAM AUTHORIZATION AND CERTIFICATION FORM

You are required to complete and sign this certification form in order to enroll you in Oklahoma Western Telephone Company's dba Phoenix Communications "Tribal" Lifeline and/or "Expanded" Link Up programs. Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring the Lifeline service to another, including another person eligible for Lifeline service. This authorization and certification is only for the purpose of enrolling you in these programs and will not be used for any other purpose.

### A. YOU MUST MEET PROGRAM PARTICIPATION REQUIREMENTS OR HOUSEHOLD INCOME REQUIREMENTS

I hereby certify that I participate in at least one of the following programs (CHECK ALL THAT APPLY) OR my household income is at or less than 135% of the federal poverty level:

- ☐ Supplemental Nutrition Assistance Program (SNAP a/k/a Food Stamps)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Security Income (SSI)
- ☐ Medical Assistance (Medicaid/SoonerCare)
- ☐ Vocational Rehabilitation (including aid to the hearing impaired)
- ☐ Oklahoma Sales Tax Relief
- ☐ National School Lunch Program (only applicant or customer who satisfies the income standard of the program for free meals)
- ☐ Federal Public Housing
- ☐ Low Income Energy Assistance Program
- ☐ My income is at or less than 135% of the federal poverty level. Customer has provided sufficient proof of income as set forth in 47 C.F.R. §54.400(f). There are \_\_\_ individuals in my household.
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Temporary Assistance for Needy Families (TANF) Tribally-administered block grant programs;
- ☐ Head Start Programs (only applicant or customer who satisfies the income qualifying eligibility provision)
- ☐ Food Distribution Program on Indian Reservations ("FDPIR")

### B. YOU MUST READ AND INITIAL ALL STATEMENTS BELOW TO ACKNOWLEDGE YOU UNDERSTAND YOUR OBLIGATIONS

- ☐ I certify that my residential telephone service address listed on the front of this form is my permanent/temporary (circle one) residential service address, and to the best of my knowledge this residential service address is located on former tribal land/reservation (as defined in title 25- Code of Federal Regulation, section 20.1, paragraph (v)).
- ☐ I certify that if the residential telephone service address listed on the front of this form is a temporary one, upon request by the Company approximately every 90 days, I will recertify that I still live at that address. I understand that if I do not respond to the Company's verification request within 30 days I may be de-enrolled and will lose my benefits under the Lifeline program.
- ☐ I certify that if in the future, I no longer live at the residential telephone service address listed on the front of this form, I will notify the Company within 30 days after moving.
- ☐ I certify that I will notify the Company within 30 days if:
  - 1) I no longer participate in at least one of the programs listed on the front of this form; or
  - 2) if I am receiving more than one Lifeline-supported service; or
  - 3) if I for any reason no longer satisfy the criteria for receiving Lifeline support.
- ☐ I certify that the telephone service which I am requesting receipt of Lifeline and/or Linkup programs for is listed in my name.
- ☐ I certify that I have provided documentation of eligibility, if required to do so and that such documentation was returned to me.
- ☐ I certify that my household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline service. My household is defined as any individual or group of individuals who live together at the same address and share income

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and expenses.

Do you live at an address at which there are multiple households (for example, a nursing home or group home)?

\_\_\_\_ Yes (If yes, you must complete a supplemental form to determine your eligibility.)  
\_\_\_\_ No

- \_\_\_\_ I certify that I understand that Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- \_\_\_\_ I certify that I understand that Lifeline service is a non-transferable benefit, and a Lifeline subscriber is prohibited from transferring the Lifeline service to another, including another person eligible for Lifeline service.
- \_\_\_\_ I authorize my provider to transmit to the authorized Governmental entity or its designee handling the Lifeline Accountability Database my full name, my full residential address, my date of birth, and the last four digits of my Social Security Number, the telephone number to be associated with Lifeline Program benefits, the date on which Lifeline service is begun, the date on which Lifeline Program benefits end, the amount of support sought by the Company and the means through which I qualify for Program benefits. I understand that transmission of this information is required to ensure the proper administration of the Lifeline Program. I also understand that if I refuse to have this information transmitted to the Administrator, I will be denied Program benefits.

## C. CUSTOMER/APPLICANT INFORMATION

Print Applicant's Name \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

The last four digits of Applicant's Social Security Number or Tribal identification number if you do not have a SSN

Applicant's Telephone Service Address \_\_\_\_\_  
(CANNOT be a post office box)

Phone Number for which Lifeline service is requested for (\_\_\_\_) \_\_\_\_\_

Contact number during weekdays between 8 a.m. and 5 p.m. (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of benefit recipient

\_\_\_\_\_  
Date

## For Company Use Only

Name of Employee Who Verified Eligibility: \_\_\_\_\_

Type of Documentation Reviewed: \_\_\_\_\_

If the customer qualifies under the Federal Poverty Guidelines refer to the Federal Poverty Guideline Form.